

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 2 8 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24881

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 1003)

Primary Registration District No. 1003

File No. 24881

Registered No. 6294

St. Ward

Ward

2. FULL NAME

(a) Residence, No. 7730 Minnesota

(Usual place of abode)

St. 1

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Frank Embertine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 21 - 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

29

6

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

William Shoathy

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Margaret Shoathy

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

17. INFORMANT

(ADDRESS)

Frank Embertine  
7730 Minnesota

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

July 22 1933

19. UNDERTAKER

(ADDRESS)

Findley and Co  
2119 Michigan

20. FILED

Aug 20 1933

J. F. Beckeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from

July 6 1933, to July 19 1933

I last saw him alive on July 16 1933 Death is said

to have occurred on the date stated above, at 7:08 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis  
Tricuspid Stenosis  
Myocardial Failure

92A  
93D

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) M. H. Bertoli, M. D.

(Address) 1325 S. Grand

